

and sub-species. For instance, claim 1 recites "at least one interstitial member disposed between the inner surface of the first elongate shaft and the outer surface of the elongate shaft," which is generic to each of the identified groups of figures. Moreover, even if the Examiner determines that claim 1 is not generic, the Applicants request that the Examiner reconsider the request in that any additional burden associated with considering the various species does not appear to meet the necessary burden described in MPEP Section 803(B).

Nevertheless, as required by the rules, the Applicants elect species 2 for further prosecution on the merits, if necessary.

CONCLUSION

The Applicants request reconsideration of the restriction requirement in light of the comments provided above.


Should the Examiner have any questions regarding this paper or the application itself, the Examiner is invited to contact the undersigned at 202-220-4311.

Attached hereto is a paper entitled "Version With Markings To Show Changes Made."

Although no fee is believed to be due, any fee associated with this paper may be charged to KENYON & KENYON deposit account no. 11-0600.

Respectfully submitted,

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IN THE SPECIFICATION

Replace the second paragraph on page 1, with the following paragraph.

The present invention generally to intravascular catheters for performing medical procedures. More particularly, the present invention relates to shaft assemblies for use[d] in intravascular catheters. Still, more particularly, the present invention relates to catheter shaft assemblies for use in injection catheters.

Replace the last paragraph on page 4, beginning at line 17 and continuing onto page 5 ending at line 2, with the following paragraph.

Coronary by-pass, angioplasty, and atherectomy procedures have all been found effective in treating individual stenotic lesions in relatively large blood vessels. However, the heart muscle is perfused with blood through a network of small vessels and capillaries. In some cases, large numbers of stenotic lesions may occur in a large number of locations throughout this network of small blood vessels and capillaries. The torturous path and small diameter of these blood vessels limit access to the stenotic lesions. The sheer number and small size of these stenotics lesions make techniques such as cardiovascular by-pass surgery, angioplasty, and atherectomy impractical.

Replace the first paragraph on page 5, beginning on line 3 with the following paragraph.

When techniques which treat individual lesions are not practical, percutaneous myocardial revascularization (PMR) may be used to improve the oxygenation of the myocardial tissue. A PMR procedure generally involves the creation of holes, craters or channels directly into the myocardium of the heart. In a typical PMR procedure, these holes are created using radio frequency energy delivered by a catheter having one or more electrodes near its distal end. After the wound has been created, therapeutic agents are sometimes ejected into the heart chamber from the distal end of a catheter.